Chapter 10
Disability in Schizophrenia: The Psychosocial and Neurocognitive Perspective

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ABSTRACT

Schizophrenia is considered to be the paradigmatic illness of psychiatry. The illness is characterized by marked disturbances and abnormalities in the domains of thought, perception, speech, emotion and behavior. The expression of the symptoms varies across patients and over time, but the cumulative effect of the illness is always severe and usually long lasting. Schizophrenia often takes a chronic course and patients exhibit difficulty re-attaining their optimum level even after resolution of clinical symptoms. Disability though is associated with many illnesses, with arguably the disability associated with chronic mental illness and schizophrenia in particular is more difficult to cope up with due to the associated stigma and care burden. The chapter focuses on different aspects of disability in schizophrenia with specific emphasis on neurocognitive and psychosocial functioning and their correlation in schizophrenia, with support from research by the author and relevant literature.

INTRODUCTION

Every illness has its own impact on the human body and brain. They can restrict the person from executing certain tasks for a certain period of time and are certainly stressful. In acute illness, the impact is short lived and patients recover fully; however, in chronic conditions the impact may persist for considerable longer period of time or lifelong taking a toll on patients overall functioning. The impact is also different when one compares physical illnesses and mental illness. One major reason behind this could be heterogeneity in etiology of mental illness, and diverse manifestation of symptoms in mental illness unlike physical illness, where etiology is more or less specified and so is the manifestation of symptoms. The
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Heterogeneity and non-uniformity of symptoms in schizophrenia make every patient unique, demanding a customized therapeutic approach. The illness brings gross impairment in a person’s ability of his or her self-care, occupational functioning; ability to relate with family, friends and other people and involve in premorbid activities of interest. The impairment generally happens after onset of the illness, but there are evident literature suggesting a prelude of these impairments even before onset of florid symptoms.

Defining Disability

Defining disability is a complex task, although there have been comprehensive attempts to define disability. The conventional notion of disability in common mass revolves around physical disability, blindness and hearing impairment, but disability is evident in many illness conditions including mental illness, where a person may appear physically fit, but could be severely disabled. Worldwide researchers, policy makers and health care providers have tried to incorporate different dimensions of disability and shift from the medical model to the more inclusive social model while defining disability. The World Health Organization (WHO) describes disability as an umbrella term covering impairments, activity limitations, and participation restrictions; and as a reflection of interaction of the person’s limitations and the society he or she lives in (WHO, 2001).

The Nature of Disability in Schizophrenia

If we consider the components of functioning and disability as per the International Classification of Functioning, (WHO, 2001), that are: Body functions, Body structures, Impairments, Activity, Participation, Activity limitations, Participation restrictions and Environmental factors; majority of schizophrenia patients will have impairment in the above domains barring body structures. Patients with schizophrenia have a heterogeneous manifestation of symptoms, and the resultant disability is seen as mild to gross disability in personal, social and occupational functioning. Research studies documenting disability in schizophrenia conventionally take into account tools that measure disability in the domains of personal area, social functioning and occupational functioning.

How Does It Translate to Real World Functioning?

A patient with schizophrenia may have difficulty in initiating as well as maintaining conversation. He may not be that apt in remembering address or phone numbers told verbally. He could be lacking in showing adequate emotional warmth and reciprocation in social situations. At work place he may not be his previous best and have difficulty following instructions, take prompt decisions. They may look disoriented with blank face. People eventually lose job unless not secured. Even at home, he may not be that prompt in activities and may need persuasion to engage in daily routine activities. Depending on the severity of symptoms, a patient with schizophrenia may need an accompanying person always to monitor him whenever stepping out of home. Any or all of these manifestations could be present in a patient with schizophrenia. In one of the early prospective studies from India on disability in schizophrenia; Thara and Rajkumar (1993) mentioned stable course of disability in schizophrenia which was not related to relapse. The findings revealed disability in the domain of personal, social, occupational and global disability; however disability in occupational domain was significantly higher.